RECEIVED IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA

U.S. DISTRICT COURT U.S. DISTRICT COURT MIDOSTAGENALA))
Plaintiff(s)) (M.2.0500715-A
V. LELAND ENZOR, JR ANTHONY CLARK)))
Defendant(s))))

MOTION TO PROCEED IN FORMA PAUPERIS

moves this Honorable Court for an order allowing her/him to proceed in this case without prepayment of fees, costs, or security therefor, and for grounds therefor submits the attached sworn affidavit in support of the motion.

	UNITED STATES D District of	σ.	urt B <i>ama</i>
•	Plaintiff W	PPLICATION TO TTHOUT PREPA EES AND AFFID	AYMENT OF
	CA	SE NUMBER:	
	Defendant		
I,	I, JAMES OSTEEN	declare that I am the	c (check appropriate box)
Ø	☑ petitioner/plaintiff/movant ☐ other		(ensem appropriate box)
un	in the above-entitled proceeding; that in support of my reque under 28 USC §1915 I declare that I am unable to pay the costs sought in the complaint/petition/motion.	st to proceed withous of these proceeding	at prepayment of fees or costs gs and that I am entitled to the relief
In	In support of this application, I answer the following question	as under penalty of	perjury:
1.	1. Are you currently incarcerated? Yes	□ No	(If "No," go to Part 2)
	If "Yes," state the place of your incarceration		
	Are you employed at the institution? Do you	receive any paymer	nt from the institution? 100
	Attach a ledger sheet from the institution(s) of your incatransactions.	rceration showing a	t least the past six months'
2.	2. Are you currently employed? ☐ Yes	🛛 No	
	a. If the answer is "Yes," state the amount of your take-land address of your employer.	nome salary or wage:	s and pay period and give the name
	b. If the answer is "No," state the date of your last employed and pay period and the name and address of your last S-C-OS TAKE NOWE-250-A	st employer.	of your take-home salary or wages
١.	JAMES Knowls In the past 12 twelve months have you received any mon	ey from any of the f	following sources?
	 a. Business, profession or other self-employment b. Rent payments, interest or dividends c. Pensions, annuities or life insurance payments d. Disability or workers compensation payments e. Gifts or inheritances f. Any other sources 	☐ Yes ☐ ☐ Yes ☐ ☐ Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	X.No X.No X.No X.No X.No X.No
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If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

Date

4.	Do you have any cash or checking or savings accounts?
	If "Yes," state the total amount.
5.	Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? Yes No
	If "Yes," describe the property and state its value.
6.	List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.
,	Damieon Brooks-Myson-250 Deaunia michell-my Child-2507A month 50000
I de	celare under penalty of perjury that the above information is true and correct.
ر. بر	-01-05
~ ×	1-01-05 //cara 0'. /-

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Signature of Applicant

RECEIVENSTITUTION ACCOUNT

I HEREBY CERTIFY THAT JAMES OSTEEN HEREIN HAS THE SUM OF USTRICTALA ON ACCOUNT TO HIS CREDIT AT THE
COVINGTON COUNTY JAIL WHERE HE IS CONFINED. I
FURTHER Showing At LEAST the PAST SIX Months
TRANSACTION. 2005
FEB & -0- ON ACCOUNT
MAR# -0- ON ACCOUNT
APRB-0- ON ACCOUNT
MAY \$ -0- ON ACCOUNT
JUNE \$ -0- ON ACCOUNT
JUH \$ -0- ON ACCOUNT
I FURTHER CERTIFY THAT JAMES OSTEEN LIKEWISE
MAS the Foregoing SECURITIES to His CREdit According
to the RECORDS OF SAID COVINGTON COUNTY JAIL
INStitution: NONE - 0-

8-1-2005 DATE AUTHORIZED OFFICER OF INStitution